

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34620

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. City Infirmary)

Registration District No. 701
Primary Registration District No. 200

File No. 8779
Registered No. 8779
St. Ward

2. FULL NAME

(a) Residence, No. Unknown St. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1, 1842</u>		
7. AGE <u>90</u>	YEARS <u>11</u>	MONTHS <u>9</u>
DAYS <u>9</u>		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
11. Total time (years) spent in this occupation <u> </u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J. Jordan
(ADDRESS) 2500 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newburg Mo. DATE Oct 9 1933

19. UNDERTAKER E. B. Schuur
(ADDRESS) 312 E. Lafayette Ave.

20. FILED 507-9 1933
J. A. Bredeck
Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1933, to 10/9/33, 1933

I last saw him alive on 10/9, 1933. Death is said to have occurred on the date stated above, at 10:25 m.

The principal cause of death and related causes of importance were as follows:
Date of onset

Chronic Myocarditis
93C
162
(136)
Other contributory causes of importance:
Scrub

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify

(Signed) See Dr. Krasner, M. D.
(Address) Doyle

